

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC
RECEIVED
SECRETARY OF THE SENATE
PUBLIC

14 JAN 29 PM 4:42

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Bart McLeay for U.S. Senate, Inc.

ADDRESS (number and street)

P.O. Box 540788

Check if different
than previously
reported. (ACC)

Omaha

NE

68154

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00547406

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NE

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the
State of

Election on

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the
State of

Election on

5. Covering Period

M M / D D / Y Y Y Y Y
10 01 2013D D / Y Y Y Y Y
01 2013Y Y Y Y Y
2013

through

M M / D D / Y Y Y Y Y
12 31 2013D D / Y Y Y Y Y
31 2013Y Y Y Y Y
2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert C. McChesney

Signature of Treasurer

Robert C. McChesney

Date

M M / D D / Y Y Y Y Y
01 16 2014D D / Y Y Y Y Y
16 2014Y Y Y Y Y
2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)